

SCOPE

Senior Center Operations and Program Evaluation

Name of Center:	Name of Director:	Date Tool Submitted:
Town:	County:	AAA Region:
<input type="checkbox"/> Initial Certification <input type="checkbox"/> Recertification		What is your center's definition of senior? <input type="checkbox"/> 60+ <input type="checkbox"/> 55+ <input type="checkbox"/> Other _____
What is your average number of participants per day, including satellites*? _____		How many satellites* do you have? _____ Please list them here.
Who at your center has taken the senior center certification training? What date?		
I have reviewed the completed version of this tool according to the gray scoring sections. I have also reviewed the "Background Information and Examples for the SCOPE." <div style="display: flex; justify-content: space-between;"> _____ Senior Center Director _____ AAA Representative </div>		

If your center has satellites*, please complete the following table. (Centers do not need satellites to be certified. Add rows to this table or an additional sheet to list more satellites.)

Name of Satellite	Hours Open (days of the week and hours per day)	How many staff members?	How many FTEs**?	Purpose of the satellite (e.g., to serve an isolated community, a special population, or some other reason; please give a brief rationale)

* Satellites are defined in "Policies and Procedures for Senior Center Certification." Satellites included in the SCOPE self-assessment tool for certification of a central site are not eligible to apply for or become certified as independent sites for the 3 years that the central site is certified. Please be sure to list all services, programs, activities (scheduled or drop-in), and special events that take place at your satellites in Sections 1 and 2.

**FTE (Full-time equivalent). For example, one full-time worker is 1 FTE. Two 3/4 time workers make 1.5 FTE (.75 FTE + .75 FTE).

1. Information & Referral, Assistance, Publicity, and Marketing

1A. Services

1. For each service area listed here, check the most appropriate box. If 2 or more boxes are applicable, check the one farthest to the left. (For example, if a client may receive either case assistance or simple referral, check the case assistance box rather than the I&R box.) **If you are completing an electronic version of this tool, type an X in the appropriate cell of the grid. Hint: to view the category headings A.- G. “right side up” instead of sideways on your computer screen, click “View” on the task bar at the top of your screen, and select “Normal” from the pull-down menu.** For each of the services for which you answered “Can get it or enroll for it at the center,” please specify the provider, frequency, days, and hours when participants can enroll at the center, and how this information is disseminated to potential users.

Services	A. Provided by the center	B. Can get it or enroll for it at the center, but not provided by the center	C. For services in column B, list provider, days/hours, and how participants are informed	D. Can get I&R and assistance for it at the center	E. Can get I&R at the center	F. Service exists, but no I&R at center	G. Service not available to people in area
<i>Required of all centers (either provided on site or through linkages—Column A or B)</i>							
a. Health screenings							
b. Fitness and health promotion							
c. Insurance counseling							
d. Tax preparation/counseling							
e. Legal services							
<i>Required for Excellence (some are either/or; see scoring section, # 5, p. 5 for explanation)</i>							
f. General transportation							
g. Medical transportation							
h. Caregivers' classes							
i. Family support groups							

	A	B	C	D	E	F	G
j. Housing							
k. Reverse mortgage counseling							
l. Home repair/ modification							
m. Home health services							
n. In-home aide services							
o. Medicaid benefits							
p. Medicare benefits							
q. Social Security benefits							
r. Job training							
s. Job placement							
<i>Other services</i>							
t. Congregate meals							
u. Home-delivered meals							
v. Adult day care/day health							
w. Community mental health							
x. Disaster services (e.g., hurricane)							
y. Durable medical equipment/ assistive devices							
z. Hospice care							
aa. Long-term care facilities							
bb. Rehabilitation services							
cc. Report suspected abuse, neglect, or exploitation							
dd. Respite							
ee. Senior Games							
ff. Telephone reassurance							

	A	B	C	D	E	F	G
Total Services in Each Column							
Total Services in Columns A, B, and D.							
Total Services in Columns A, B, D, E, and F.							
Divide “Total Services in Columns A, B, and D.” by “Total Services in A, B, D, E, and F.” and multiply the result by 100 to get a percentage. If it is less than 85%, the center cannot be considered for certification at this time. For clarification and consultation, please talk to your AAA representative, the Division of Aging, or CARES.							

For the site team’s use. Scoring for Section 1A.	Meets	Does Not Meet
For Merit (All centers must meet these standards.)		
1. None of the services (lettered sections) should be marked “Service exists here but cannot get I& R for it at the center” (Column F). They may be marked “Service not available to people in the center’s service area” (Column G)		
2. Assistance or better (columns A, B, and D) should be available for <i>at least 85%</i> of the services in the area. <i>If assistance is provided by the parent organization of the senior center (such as the Council on Aging or Department of Aging) or by an agency co-located with the center, this should be counted “Can get it or enroll for it at the center.”</i>		
3. The following services must be provided by the center or through linkages (i.e., either column A or column B must be checked). <ul style="list-style-type: none"> ▪ Health Screenings (a.) ▪ Fitness and health promotion (b.) ▪ Insurance counseling (c.) ▪ Tax preparation/counseling (d.) ▪ Legal services (e.) 		

For Excellence	Meets	Does Not Meet
1. Has the applicant indicated in Column C the provider, days/hours, and how participants are informed of services provided through linkages? At a minimum, there must be a schedule and a way of informing people about the availability of the required services mentioned in the next question.		
2. In addition to meeting the requirement for Merit, <i>at least 3</i> of the following categories of service must be provided by the center or through linkages (i.e., either Column A or Column B). <ul style="list-style-type: none"> ▪ General transportation or Medical transportation (f. or g.) ▪ Caregivers' classes or Family support groups (h. or i.) ▪ Housing or Reverse mortgage counseling or Home repair (j., k., or l.) ▪ Home health or In-home aide services (m. or n.) ▪ Medicaid benefits (o.) ▪ Medicare benefits (p.) ▪ Social Security benefits (q.) ▪ Job training or Job placement (r. or s.; see the definitions in the "Background Information and Examples for the SCOPE" for details) 		

1B. Information and Referral

2. What tool(s)—software packages or pen and paper instruments—do you use to document and support the case assistance you provide? (e.g., Services Outcome Screening Tool, IRIS Software; log sheets with client's name, contact information, problem, action, and follow-up.)

3. How is I&R information maintained?
- ☐ Computer database searchable by client or staff members/volunteers
- ☐ Computer database searchable by I&R staff members/volunteers but not by client
- ☐ Notebooks or files available for clients or staff members/volunteers
- ☐ Notebooks or files available for staff members/volunteers but not to clients.
- ☐ Other. Specify _____

4. Do you keep any referral information about regional or national services for which there is no equivalent local service?

☐ Yes

☐ No

If yes, please briefly describe the services and the way you keep this information. (For example, if there is no local program for people who cannot afford their prescriptions, you might keep a brochure in a notebook or have a website bookmarked on your computer with information about national prescription relief programs.)

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For the Site Visit Team's Use Scoring for B. Information and Referral	Meets	Does Not Meet
For Merit		
<i>Question 2.</i> The center should be using some screening tool (paper or software) or tracking system relevant to the services <i>for which they offer</i> assistance.		
<i>Question 3.</i> Any of the choices provided and any reasonable "other" is acceptable, as long as there is some organized system for maintaining the I&R information. A system that can be searched by the client as well as the staff is preferred but not required.		
For Excellence		
<i>Question 4.</i> There should be some system for providing information and referral for regional, state, and/or national resources in situations where there are no relevant local resources. In particular, there should be something (where possible) for any missing services identified in Question 1.		

1C. Publicity for the Center and Its Services and Activities

5. How often does the center run newspaper stories, ads, or notices or use other public media such as radio or TV spots?

☐ Rarely or never

☐ Occasionally, mostly around special activities or events (approximately ____ times in the past year)

☐ Regularly. We run stories/ads/notices in the following media: newspaper, TV, radio. *(Please provide the certification team with copies of at least one story/ad/notice from each paper listed in the grid for this question. Other media may be documented through copies of public service announcements or audio- or videotapes or confirmation letters from stations.)*

Medium (name, description) <i>Please note how often newspapers are published, and if they are in languages other than English or particularly targeted to a minority population.</i>	Frequency/day in which information about the center appears
Examples: News and Observer (daily paper for general population) Regular public service announcements on radio station WXXX.	Every Friday (Listing in "What's Up?" section) These run at least twice a week around lunchtime.

6. How is your newsletter circulated? *Check all that apply. (Please provide copies of your last 2 newsletters to the site team.)*

☐ We do not have a newsletter.

☐ Mailed free to our mailing list. (Describe briefly how your mailing list is compiled/updated.)

☐ Mailed to subscribers who pay a fee of \$_____ per year.

☐ Can be picked up at the senior center.

☐ Can be picked up at sites other than the senior center. Specify:

☐ Other circulation methods. Specify:

7. How is your calendar of upcoming events made available? *Check all that apply. (Please provide copies of your last 2 calendars to the survey team.)*

☐ We have no calendar.

☐ It is posted at the center.

☐ It is printed in/distributed with the newsletter.

☐ It is mailed to our mailing list, not in conjunction with a newsletter. (If you did NOT describe your mailing list procedure in question 7, please do so here.)

☐ It is printed in one or more local newspapers.

☐ Other circulation methods for calendar. Specify:

8. How is your center brochure distributed? *Check all that apply. (Please provide a copy of your brochure to the survey team.)*

☐ We have no brochure.

☐ We give them out when we speak to community groups.

☐ We give them out at public events such as fairs and festivals. Specify:

☐ Can be picked up at the senior center.

☐ Can be picked up at other locations. Specify:

☐ Other distribution methods. Specify:

For the Site Visit Team's Use Scoring for 1C. Publicity for the Center For Merit and Excellence	Meets	Does Not Meet
<p><i>Questions 5–8. Centers should have at least 2 of the following marketing products/activities:</i></p> <ul style="list-style-type: none"> regular stories/ads/notices in newspapers (Q5) a newsletter that is available in some way besides paid subscriptions (Q6) a calendar of events that is circulated in some way as opposed to just posted in the center (Q7). <i>If the calendar is distributed only in the newsletter, this should count as only one product/activity.</i> a brochure (Q8) <p>If one of these is missing, look for equivalents in Questions Q9 or Q10.</p>		

1D. Marketing to Special Populations and the Community

9. For each of the following groups, please list only those found in considerable numbers in the community served by your center and its satellites. Check the appropriate box to indicate whether you made special efforts to market your programs to these people in the last 3 years.

Group	Marketing to This Group:			None or few in community
	Special Efforts	Like Everyone Else	None	
Older people in rural areas				
Older people with low income				
Older people from ethnic minority groups (specify and add or delete rows as necessary.)				
1.				
2.				
Older people with disabilities (specify and add or delete rows as necessary.)				
1.				
2.				
Older people with limited ability to speak English. What languages? (Add or delete rows as necessary.)				
1.				
2.				

10. For all cases where "Special Efforts" is checked in Question 9, please identify the group and briefly describe the marketing efforts made within the past three years. A single marketing effort may be counted as targeting more than one group. (As you type in the boxes, they will expand to hold your text.)

Group or groups	Activities
Example: People with low income and people of African American ethnicity	For past 2 years in February, distributed Black History Month activities fliers in a predominantly African American, low-income neighborhood.

11. Please list any training on aging issues your center has provided in the past year (3 years for recertification) to professionals in other agencies or the general public. Training should be designed to educate some portion of the nonelderly community to the needs, interests, or contributions of older adults. If this training was in cooperation with another entity, please specify the center's role. Speaking to public groups about the center and what the center does should be listed in Question 12 (marketing). It does not count as training for this question. ***Please provide the survey team with documentation such as training materials, programs, agendas, or attendance lists. (This question is required for Excellence certification.)*** Add rows to the table by using the "insert rows" selection under the Table menu (electronic) or make additional copies of this page (hard copy) as needed.

Type of Training/ Your Center's Role	When (mm/yy)	To What Group? (other than seniors)	How did you publicize the activity to that group?
Getting ready for retirement (We provided space, publicity, and volunteers to work the registration table. The trainers were from Cooperative Extension)	1/02	Open to the public, but particularly focused on Baby Boomers.	We worked through the human resources department of the three largest employers in town to encourage participation by people who will retire in the next 15 years. Notices on the bulletin boards of the local home improvement stores and farmers' market.

12. Please list and describe briefly any publicity and marketing activities not covered in questions 5 through 11 (for example, having a booth at the county fair, visiting in neighborhoods, speaking to church or civic groups, website). **(This question is required for Excellence certification.)**

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For the Site Visit Team's Use Scoring for Section 1D, Marketing	Meets	Does Not Meet
For Merit		
<i>Questions 9 and 10.</i> Within the past 3 years, there should be special marketing efforts targeted to low-income elders, minority elders (at least one minority group), and at least one other group on the list in Question 9, described in Question 10.		
For Excellence		
<p><i>Questions 9 and 10.</i> Within the past 3 years, there should be special marketing efforts targeted to every group on the list in Question 9 unless there are few or no members of that group in the center's service area.</p> <ul style="list-style-type: none"> ▪ There must be special marketing to at least 1 disability group ▪ There must be special marketing to at least 1 ethnic minority group ▪ If there are a considerable number of elders in the community who speak a primary language other than English, there should be marketing to at least one language group. ▪ A satellite center in an area with a concentration of one or more special population groups should be counted as a marketing activity. <p><i>Newspaper ads/notices/stories in non-English newspapers or papers aimed at specific ethnic communities in Question 5 may also be counted toward this requirement.</i></p>		
<p><i>Question 11. For initial certification:</i> There should be at least 2 instances of training offered in the past 12 months. It should be arranged, hosted, or cohosted by the center or respond to a request by another organization. It should be aimed at educating some identified part of the community (but not just center participants) about aging or the needs, interests, or contributions of older adults.</p> <p><i>For renewal:</i> There should be at least 6 instances of training reported in the past three years, and at least 2 of them should have occurred in the past year.</p>		
<i>Question 12.</i> Some additional publicity or marketing activity should be described (not counting newspapers, newsletters, calendars, or brochures). If the targeting activities listed in 9 and 10 are extensive, this requirement may be waived.		

For the Site Visit Team's Use Summary of Section 1	Passed at Merit	Passed at Excellence	Does Not Pass
A. Services			
B. Information and Referral			
C. Publicity about the Center and Its Services and Activities			
D. Marketing to Special Populations and the Community.			
Comments:			

Site Visit Activities for Section 1		Meets	Does Not Meet
For Merit			
1. Discuss services that are checked "Service not available to people in the center's service area." You should be satisfied that there is no such service available and that center staff have made every effort to search for such a service.			
2. Choose a service from those checked "Can Get I&R at the Center" in Question 1 and ask to use (or for the staff member to use on your behalf) the files, notebook, or database to find information about it.			
3. If they are using a screening tool for case assistance that you are not familiar with, ask to examine a copy of the tool.			
4. Examine samples of all newspaper ads/listings, brochures, center newsletters, and/or calendars.			
For Excellence			
1. Check for posting of schedules for on-site enrollment in linked services in accordance with the center's description of how this information is publicized (Column C.). If there is a co-located office for this service with hours posted, no other posting is necessary.			
2. Follow up, as desired, about marketing activities. There is no specifically required documentation but you should feel reasonably sure that they occurred as described.			
Section 1. Recommendations	Notes		
<input type="checkbox"/> Passes at the Level of Excellence			
<input type="checkbox"/> Passes at the Level of Merit			
<input type="checkbox"/> Fails			

2. Activities, Volunteer Opportunities, Advocacy, and Transportation

2A. Activities

13. Please list classes or other **regularly scheduled group activities** such as movies and day trips (daily, weekly, monthly) offered in the center for *any consecutive 3 months in the past 12-month period*. You may attach a calendar instead of using the spaces below, but for each event, be sure to indicate its *frequency, duration, and estimated average attendance*. Please also check the basic need it best addressed—recreation and social stimulation (Social), education or intellectual stimulation (Educ.), health promotion and wellness (HP/DP), or culture and creativity (Arts). Please check **no more than the 2** most important needs addressed, even though the activity may have helped in all 4 areas. At the bottom of this table, you will see space to record activities at your satellites, which count in the total for this section. (To add more rows to the electronic version, select “insert rows” from the “Table” menu. The cells will expand to fit your description. If you are using the hard copy, make duplicates of this page as needed to provide more spaces.)

Which 3-month period are you using? From ___/___/___ to ___/___/___.

Activity	Frequency/Duration/ Attendance	Social	Educ.	HP/DP	Arts
Example: “World War II Remembered”	Class met weekly on Wednesday mornings at 9:00, (Sept.–Nov., 1999) Average attendance: 12		X		

Activities at Satellites (Please list the name of the Satellite in this column, as well as the activities.)		Social	Educ.	HP/DP	Arts
		Totals in Each Category			
		Social	Educ.	HP/DP	Arts

14. Please list quarterly, semiannual, and annual events offered in the center over the past year (3 years, for recertification), such as special trips, parties, fairs, or special guest speakers. This should not include any activities listed in Question 13. Indicate their duration and estimated attendance. For each one, please also check which basic needs it most addressed—recreation and social stimulation (Social), education or intellectual stimulation (Educ.), health promotion and wellness (HP/DP), or culture and creativity (Arts). Please check ***no more than the 2*** most important needs addressed, even though the activity may have helped in all 4 areas. At the bottom of this table, you will see space to record activities at your satellites, which count in the total for this section. (To add more rows to the electronic version, select “insert rows” from the “Table” menu. The cells will expand to accommodate your description. If you are using the hard copy, make duplicates of this page as needed to provide more spaces.)

Activity	Duration/ Attendance	Social	Educ.	HP/DP	Arts
Example: Center-wide Health Fair	2-day event in May, 250 people attended some part of it.			x	

Quarterly, semiannual, or yearly activities at Satellites (Please list the name of the Satellite and activities in this column.)		Social	Educ.	HP/DP	Arts
		Totals in Each Category			
		Social	Educ.	HP/DP	Arts

15. Please list drop-in activities that are available for participants' use outside planned classes and events (e.g., fitness equipment, card tables, computers, games, puzzles, pool table, bocce or shuffleboard court, walking trail). Tell when they are available, and check which need they most help to meet—recreation and social stimulation (Social), education or intellectual stimulation (Educ.), health promotion and wellness (HP/DP), or culture and creativity (Arts). At the bottom of this table, you will see space to record drop-in activities at your satellites, which count in the total for this section. Please check ***no more than the 2*** most important needs addressed, even though this facility or equipment may help participants meet needs in all 4 areas.

Facility/Equipment	Hours Available per Day	Average Number of Users per Day	Social	Educ.	HP/DP	Arts
Example: Computer room	Average daily availability is 5 hours. (when center is open and classes are not being held).	About 15 people use it per day not counting those in classes.	X	X		

Facilities and Equipment at Satellites (Please list the name of the Satellite and facilities and equipment in this column.)			Social	Educ.	HP/DP	Arts
			Totals in Each Category			
		A. Total Number of Users per Day _____ B. Average Number of Center Participants per Day _____ Users as Percent of Participants _____ (A divided by B times 100)	Social	Educ.	HP/DP	Arts

16. Describe how the activities and facilities described in Questions 13–15 meet the needs of a diverse group of seniors (for example both men and women, people of different ethnic groups, different educational levels, and different abilities). (The blank will expand to accommodate your answer.)

For Use by the Site Team 2A. Activities For Merit	Meets	Does Not Meet
<i>Question 13.</i> There should be at least 9 regular group activities each week (monthly activities count as ¼ of a weekly activity) <ul style="list-style-type: none"> Activities at satellite centers are included in this count. A class that meets three times a week counts as one activity; however, two different offerings of the same class or activity count as 2 activities. 		

	Meets	Does Not Meet
<p><i>Question 14.</i> Initial certification: There should have been at least 6 special events (held quarterly, semiannually, or annually) in the past year. Events at satellite centers are counted.</p> <p>Recertification: There should have been 18 special events since certification, at least 5 of which have taken place in the past year. Events at satellite centers are counted.</p>		
<p><i>Question 15.</i> The center should offer at least 3 drop-in activities. Average daily use of all drop-in activities (equipment) combined should be at least 10 percent of center attendance.</p>		
<p><i>Questions 13–15.</i> Using the combined answers to these questions, there should be 2 or more activities that address each of the four categories</p> <ul style="list-style-type: none"> ▪ recreation/social stimulation (Social) ▪ education/intellectual stimulation (Educ.) ▪ health promotion/wellness (HP/DP) ▪ culture/creativity (Arts) <p>Activities, events, and drop-in activities at satellites centers count toward this requirement.</p>		
For Excellence		
<p><i>Question 13.</i> There should be at least 15 regular activities each week (instead of the 9 required for Merit.) As for Merit, satellite activities count in this total. Scoring is the same as described under Merit.</p>		
<p><i>Question 14.</i> There should have been at least 10 special events (quarterly, semiannually, annually) in the past year. These do not all need to be large events. As for Merit, satellite events count in this total. Recertification: There should be 30 events in the past three years, and least 8 of which took place in the past year. Events at satellite centers are counted.</p>		
<p><i>Question 16.</i> There should be at least 2 levels of diversity addressed by the activities cited. Levels can be gender, race/culture/ethnicity, education, income, rural/urban, or people with different abilities (i.e., people with disabilities).</p>		

2B. Opportunities for Volunteers

17. How many volunteers age 60 and older are currently working at the center or in center activities (such as delivering meals or as senior companions)?

_____ total volunteers

18. For each of the activities below, please check whether or not you have volunteers age 60 and older serving in this capacity.

Activity	Yes	No
a. Office work (e.g., typing/computer use, filing, keeping books)		
b. Planning/coordinating special events		
c. Reception/welcome desk		
d. Serving congregate meals		
e. Setting up rooms/equipment for classes and events		
f. Speaking to groups about the center (marketing)		
g. Teaching classes		
h. Working on the newsletter		
i. Delivering home-delivered meals		
j. Friendly visiting		
k. Providing respite/sitter services		
l. Telephone reassurance		
m. Transportation		
n. Other (specify) _____		
o. Other (specify) _____		

19. Do you have a volunteer plan or other document(s) that cover the following material? (See the “Background Information and Examples for the SCOPE.”)

	Yes	No
a. needs of the center or tasks for which volunteers are desired, and the number of volunteers needed for each		
b. procedure for recruiting, orienting, training, and keeping them involved		
c. a way of informing people in the community of volunteer opportunities at the center		
d. a way to notify people in the center of volunteer opportunities in the community		

20. Please describe your volunteer recognition activities, including their frequency (e.g., an annual volunteer recognition dinner or a “volunteer of the week” display each week). (List for the past year for initial certification or the past three years for recertification.)

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For the Site Team's Use Scoring for Section 2B, Volunteers		
	Meets	Does Not Meet
For Merit		
<p><i>Question 18.</i> Volunteers should be engaged in at least 2 of the activities listed in this question.</p> <ul style="list-style-type: none"> At least 1 should be from a–h or an “other” that provides help to the center directly. At least 1 should be from i–m or an “other” that benefits frail older adults or those in need. (The center should have a way to connect volunteers to opportunities in the community.) 		
<p><i>Question 20.</i> There should be at least 1 volunteer recognition activity each year.</p>		
For Excellence		
<p><i>Question 19.</i> Centers must have all 4 things: written plan; procedures for recruitment, training, and retention; ways of notifying the community about volunteer opportunities at the center; and ways of connecting center participants with volunteer opportunities in the community.</p>		

2C. Advocacy

21. List instances in the past year (3 years for recertification) in which the center has advocated for rights and benefits for older adults (individually or as a group) and/or facilitated self-advocacy by groups of older adults. Add boxes (electronic) or use additional sheets (hard copy) as needed.

Date	Advocacy Activity	What group or individual benefited?	Purpose
Example: 2/2001	Meet your legislators day at the center	For seniors in the county	To give individuals and groups of elders a chance to ask questions and express their concerns and interests to their representatives. (See "Background Information and Examples for the SCOPE.")

For the Site Team's Use Section 2C. Advocacy	Meets	Does Not Meet
For Merit <i>Question 21.</i> <i>For initial certification:</i> There should be at least at least 3 advocacy activities in the 12 months preceding the date of submission of the SCOPE. <i>For recertification:</i> There should be at least 9 advocacy activities in the past 3 years, at least 3 of which have occurred in the 12 months preceding the date of submission of the SCOPE. There is a definition of advocacy in "Background Information and Examples for the SCOPE.".		
For Excellence No additional requirements.		

2D. Transportation to the Center

22. Please check all the forms of transportation used to **bring participants to your center** for activities, and provide a brief description of each in the box below the check (e.g., cost to consumers, who provides it, number of vans, number of days/week or number of trips/day). This does not include transportation for special trips.

☐ Van service provided by the center

☐ Shared van service/County van

☐ Public transit stop at/near center

☐ Car pool sign-up at center

☐ Other (describe all)

23. Describe how your center is working with the County Transportation Improvement Plan (CTIP). Also describe any other efforts to assess transportation needs or develop better transportation to your center.

For the Site Team's Use Section 2D, Transportation to the Center		Does Not
	Meets	Meet
For Merit		
<i>Question 22. At least 1</i> means of transportation to the center must be available to people who do not drive their own cars. This does not have to be provided by the center. For example, they may be served by public transportation or a county van system.		
For Excellence		
<i>Question 23.</i> Ideally, centers should be working with the CTIP. If the center is not working with the CTIP, it should document unsuccessful efforts to work with them. As a substitute, the center can show involvement in other transportation work, or that it has several other methods for getting people to the center to meet the requirement for question 23.		

For the Site Team's Use Summary of Section 2	Passed at Merit	Passed at Excellence	Does not pass
A. Programs, Activities, Equipment			
B. Volunteer Opportunities			
C. Advocacy			
D. Transportation			
Comments:			
Site Visit Activities for the Section 2		Meets	Does Not Meet
For Merit			
1. Look at documentation for some of the specific programs and events in Questions 13 and 14 (e.g., sign-up sheets, calendars, group pictures, computer records)			
2. Observe volunteers and talk to them about the opportunities available.			
For Excellence			
1. Look at sign-up sheets from activities meant to attract different target audiences. If an activity is cited for gender diversity, look to see if the names appear to reflect that it is as described (either an activity for men or one that attracts both men and women). Are the names different for activities that are supposed to attract different groups (e.g., rural/urban or low education/high education)?			
2. Examine the written plan for making best use of volunteers. It must include all 4 elements to pass. (Separate documents can address the 4 elements.)			
3. Observe whether the group in the center at the time of the visit appears diverse.			
4. Observe the transportation (e.g., arrival of vans, public transit, etc.). Is it as described?			

Section 2. Recommendations	Notes:
<input type="checkbox"/> Passes at the Level of Excellence	
<input type="checkbox"/> Passes at the Level of Merit	
<input type="checkbox"/> Fails	

3. Planning, Evaluation, and Input from Older Adults

24. **Please attach a copy of your mission statement.** Briefly describe below how you assure that employees, volunteers, and center participants know the mission statement.

3A. Governance

Consult the “Background Information and Examples for the SCOPE” for clarification about governing bodies. In the questions that follow, such bodies will be called “planning/advisory board,” but yours may have a different name. If your parent organization has a board over which your center has no control, do *not* include its members here.

25. Please list the members of your governing and advisory bodies in the grid below. If you have separate planning and advisory boards, please identify which members belong to each group. Mark which members meet your center’s definition of “older adult” (55+, 60+, other, as you have indicated on the first page of this tool), when they began their term of service, and when they received orientation. (To add more rows to the electronic version, select “insert cells” from the “Table” menu. If you are using the hard copy, make duplicates of this page as needed to provide more spaces.)

	Meets center definition of older adult? <i>Reminder to Site Visit Team: This center's definition of "older adult" is</i> <input type="checkbox"/> 55+ <input type="checkbox"/> 60+ <input type="checkbox"/> Other _____		Date member began term of service	Date of first orientation
Name of group:				
Member's name	Yes	No	mm/yy	mm/yy
			__/__/__	__/__/__
			__/__/__	__/__/__
			__/__/__	__/__/__
			__/__/__	__/__/__
			__/__/__	__/__/__
			__/__/__	__/__/__
			__/__/__	__/__/__
			__/__/__	__/__/__

			__/_	__/_
			__/_	__/_
			__/_	__/_
			__/_	__/_
			__/_	__/_

26. How many hours of orientation do your planning/advisory committee members receive before beginning their service? _____ hours
27. *Please have available for the site team a copy of the orientation materials/instructors' notes or a description of the material covered in the orientation.*

3B. Input from Older Adults

28. What method(s) have you used in the past 3 years to learn the service and activity needs of older adults in the community? Please summarize them in the first grid and then describe each in greater detail below. **See “Background Information and Examples for the SCOPE” for an example of how to complete this section.**

Activity	Date(s)	Aimed at		
		Center participants	Older adults who don't participate	Both groups
<input type="checkbox"/> Written survey(s)				
<input type="checkbox"/> Telephone survey(s)				
<input type="checkbox"/> Public meeting(s) or hearing(s)				
<input type="checkbox"/> Focus group(s)				
<input type="checkbox"/> Suggestion box				
<input type="checkbox"/> Other: (please describe briefly here and in detail below)				

Date	Method (Activity mentioned above, number of participants, procedures followed)	How often do you plan to do this?	What did you learn? How do you use the information in your planning?

29. Describe any methods other than input from older adults that you use to make decisions about programs offered by your center (internally and/or through input from other agencies). (Attach additional sheets as necessary.) **See “Background Information and Examples for the SCOPE.”**

3C. Planning

30. Describe how planning is done. For example, who develops your plans; who approves them; and what information, materials, and sources of ideas are used to develop them? **(This question is required for Excellence certification.)**

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31. List the principal short- and long-term goals toward which you are currently working. **[This question is required for Excellence certification.]**

Goal: What will change?	On what basis was this goal selected?	How much change will you see? How will you measure it?	Who will work on this goal?	When did you begin work? When will you evaluate it?
Example: More African American seniors will participate in senior center activities	20% of the seniors in the area around the center are African American yet only 12% of our participants are.	We would like at least 15% of participants to be African American. We will select a day at random for each month for the next year, count participants in our programs and activities, and note their race and gender.	Center volunteers will collect the data and tabulate it, and the director will review it.	Began 6/02 Evaluate 6/03

For the Site Team's Use Section 3. Governance and Planning	Meets	Does Not Meet
For Merit		
Question 24. There should be a mechanism for assuring that staff, volunteers, and participants know the mission statement.		
Question 25		
<ul style="list-style-type: none"> At least 60% of the board and committee members should meet the center's definition of older adult. All members should be oriented before serving. However, there is a 2-month grace period from the date the term of service begins. 		
Question 26. There should be at least 2 hours of orientation. The number of hours should be adequate for the material described in the orientation materials (See Question 27).		
Question 27 (To be reviewed at the site visit) Materials should cover: <ul style="list-style-type: none"> the philosophy of the center (e.g., discussion of the mission and purpose of the center) legal issues (e.g., liability, confidentiality) policy (e.g., by-laws for the board, center's handbook) the political environment in which the center operates (e.g., how the center as an organization fits in the community, relationships with other governing boards, chain of command for decision making) financial environment in which it operates (e.g., authorization, funding constraints) Centers should be allowed flexibility in how they approach these topics.		

3B. Input from Older Adults

Question 28

Guidelines for the site visit team (and center) about scoring this question.

1. One single survey may be used to gather input both from people who come to the center and from those who do not, if it is administered widely to both groups and the results are tabulated separately.
2. There must be one measure of consumer satisfaction per year for merit or excellence. This measure may be included in one of the survey methods listed here.
3. Surveys conducted by governing bodies/parent organizations (countywide needs assessments for senior services, for example) may meet the criterion for gathering information from nonparticipants *if there is a substantial body of information pertaining to senior center programs collected and analyzed.*
4. For initial certification at the level of Merit, if the governing body or parent organization of the center is on a 5-year planning cycle, the 3-year time frame may be extended to 5 years for extensive, community-wide surveys conducted by that organization.
5. A single extensive, in-depth effort such as a survey with a large, randomly selected sample, or a series of age/gender/ethnic-specific focus groups may meet the requirements for both merit and excellence by itself, if there is a substantial body of information pertaining to senior center services and activities collected and analyzed. Additional guidelines for “extensive, in-depth effort” appear in the “Background Information and Examples for the SCOPE.” This exception will be made only for really outstanding evaluation. Centers wishing to meet the criteria in this way are encouraged to consult with the Division of Aging and/or CARES to see if their evaluation design qualifies for this exception.

Ways of gathering input from seniors who come to the center:

This may be a centerwide satisfaction survey, a set of evaluation forms given out for all or most of the individual programs and services at the center, a suggestion box with documentation to show that it really gets used and is regularly acted on by the senior center management or advisory board, or some other means devised by the center to obtain and use the opinions of participants.

Ways of gathering input from seniors who do not come to the center

This may include a public meeting, focus groups in the community, or a community survey (not just one done at the center).

<i>Question 28</i>		Meets at the level of Merit	Meets at the level of Excellence	Does not meet
Information from center participants.				
<i>For Merit</i>	Initial certification: 1 in the past year Recertification: 3 annual or 1 widely used ongoing one.			
<i>For Excellence</i>	Initial certification: 2 total in the past year Recertification: 2 methods per year, annual or ongoing (6 total)			
Information from older adults who don't "participate" (take part in activities, drop-in activities, or receive services at the center)				
<i>For Merit</i>	Initial or Recertification: 1 in the past 3 years*			
<i>For Excellence</i>	Initial: 1 in the past year Recertification: 3 in the past 3 years			
*5 years, if the governing body is on a 5-year planning schedule				
<i>Question 29. (For Excellence)</i> There should be at least one way of gathering information for planning and program evaluation from stakeholders other than older adults. This may also include analyzing statistics or other data compiled by the center (other than those covered in question 28).				
3C. Planning			Meets	Does Not Meet
<i>Question 30.</i> There should be a mechanism for short- and long-term planning in place.				
<i>Question 31.</i> Goals should be specific and measurable.				

Site Visit Activities for Planning, Evaluation, and Input from Older Adults		
For Merit		
1. Examine the training materials for the board orientation(s) noted in question 27. Do they cover: <ul style="list-style-type: none"> ▪ philosophy of the center? (This might include a discussion of the mission and purpose of the center.) ▪ legal issues relevant to the center? (confidentiality, liability, for example) ▪ center policy (by-laws, how staff members and volunteers are oriented, role of the board) ▪ the political environment in which the center operates? (how the center fits in the community with other agencies, the aegis under which it operates, etc.) ▪ the financial environment in which the center operates? (how budgets are made and approved, fundraising and any constraints, etc.) 		
For Excellence		
1. Examine the mission statement. Is the mechanism for making people aware of it as described in Question 24?		
2. Ask a few volunteers and staff people to describe the center's mission.		

Section 3. Recommendations	Notes:
<input type="checkbox"/> Passes at the Level of Excellence	
<input type="checkbox"/> Passes at the Level of Merit	
<input type="checkbox"/> Fails	

4. Staff

32. *Please attach your center's organizational chart.*

33. Does your center (or its parent organization) have a written personnel policy that includes such information as leave, retirement, and benefits?
- ☐ Yes (*Please make this available to the site team.*)
- ☐ No

34. If you have a personnel policy, has each employee been provided with a copy (either as a separate document or as part of an employee handbook or guide) or otherwise given an opportunity to read and understand the policy.

☐ N/A (answered no in question 33)

☐ Yes, employee is provided a copy

☐ Yes, given an opportunity to read and understand in another way (describe in box)

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☐ No

35. Please complete the form below for each of your paid senior center employees. (If your senior center is part of a larger organization, see “Background Information and Examples for the SCOPE” for guidelines about who counts as “your” employee.)

Name	Position	Scheduled Hrs/week	Date hired in current position
Example: Jane Doe	Director	40.0 hrs.	7/1/98

Make copies of this page. Each paid employee should complete a copy reflecting his/her own training experience and training plan. Alternatively, someone who handles personnel records may fill out the form for each employee.

Employee's name and position as listed in question 35: _____

36. Do you (the person whose name is above) have a written training plan?

☐ Yes (*If yes, please attach a copy to this form.*)

☐ No, but I have specific plans to take some training. (Please describe in the space below.)

☐ No

37. Please list all of the training (with month and year taken) you have taken in the past year (for initial certification) or 3 years (for recertification), and fill in the type of training (e.g., in-service, workshop, conferences or meetings of professional associations, community college class, college/university class) and the contact hours (total number of hours you were actually in classes/sessions). If CEUs were issued or academic credit hours received, please also note them in the contact hours box. Add rows on the electronic version, or use additional sheets on the hard copy as necessary.

Date and Topic/Title	Type of Training	Contact hours & CEUs
Example: 11/02 NC Conference on Aging, Greensboro	Statewide professional conference	10 hours, did not register for CEUs

For Site Team's Use Section 4. Staff		
For Merit	Meets	Does Not Meet
<i>Question 33.</i> The center must have a written personnel policy that includes such information as leave, retirement, and benefits. If the center is under a parent organization (e.g. Council of Aging, or county government), the policy for that organization will suffice.		
<i>Question 34.</i> There must be some mechanism described that would reasonably assure that all employees have the opportunity to read and understand personnel policy.		
<i>Question 35.</i> There must be a paid director scheduled to work at least 40 hours per week. At this time there are no requirements for other staff members.		

Worksheet for Staff Training (Q37) for Site Reviewers

Name	Prorate the requirement? (Part-time = 15 times the number of hours per week, then divide by 40) (Recent hire = 15 times the number of months on the job, then divide by 12)	Hours of Training Earned p in last Year (initial certification) p in last 3 years (recertification)	Distribution of Topics o.k.?
	<input type="checkbox"/> Part-time (_____ hrs/week) <input type="checkbox"/> Recent hire (_____ months)		
	<input type="checkbox"/> Part-time (_____ hrs/week) <input type="checkbox"/> Recent hire (_____ months)		
	<input type="checkbox"/> Part-time (_____ hrs/week) <input type="checkbox"/> Recent hire (_____ months)		
	<input type="checkbox"/> Part-time (_____ hrs/week) <input type="checkbox"/> Recent hire (_____ months)		
	<input type="checkbox"/> Part-time (_____ hrs/week) <input type="checkbox"/> Recent hire (_____ months)		

	Meets	Does not meet
<p><i>Question 37</i> (Use the worksheet above, if necessary)</p> <p><i>For initial certification:</i> Each staff member (in every type of position including support and housekeeping) should have at least 15 hours of training (including in-service) over the past year. The requirement for part-time employees is prorated (e.g., 7.5 hours for half-time employees, etc.). If the employee has been hired within the year, the requirement can be prorated (e.g., 7.5 hours if 6 months, 5 hours if three months, no requirement for those hired in the past three months).</p> <p><i>For renewal:</i> Each staff member (in every type of position) should have at least 45 hours of training (including in-service) over the past three years. At least 12 hours should have occurred in the 12 months immediately preceding the application. Requirements for part-time or new employees can be prorated for years and partial years of employment as described under initial certification above.</p>		
If the director was hired in the past 3 years, he or she must have participated in at least one module of the Ann Johnson Institute for Senior Center Management, offered by the NCDOA, and participation in future modules should appear in his or her training plan.		
<p>Each employee should have received training in at least 2 of the following three training areas each year (A&B, A&C, or B&C). For recertification, over the three years reviewed there should be training in all three areas.</p> <p>A. Safety Issues: For example, first aid, emergency response, CPR, blood-borne pathogens/HIV/AIDS, other safety issues</p> <p>B. Topics on Aging: For example, normal healthy aging, helping others plan retirement, death and dying, Alzheimer's disease or dementia, other aging-related topics</p> <p>C. Job-specific Training: For example, nonprofit management/supervision, training specific to job responsibility (e.g., new computer software, dance/aerobics, weaving)</p>		
For Excellence		
<p><i>Question 36. For initial certification or if the center is being recertified from merit to excellence:</i> Each employee should have a written training plan for the past twelve months that explains what training the employee will take, why it is important to the employee's development and the center's operations, and who the likely provider of this training will be. This plan will be signed by the employee and supervisor. For Centers of Excellence being recertified: Each employee should have an annual, written training plan as described above for each of the past three years.</p>		

Site Visit Activities for Staff		Meets	Does not meet
For Merit			
1. Talk to some of the staff members about the content of training they have received.			
For Excellence			
1. Examine the training plans. Each one should include at least 15 hours required and recommended future training and a plan for getting this training. Remember that the hours required may be prorated for recent hires and part-time employees.			
Section 4. Recommendations	Notes:		
<input type="checkbox"/> Passes at the Level of Excellence			
<input type="checkbox"/> Passes at the Level of Merit			
<input type="checkbox"/> Fails			

5. Other Operational Issues

38. Please describe your collaborations with other agencies and organizations in your community in the past year (3 years for recertification). *If you have letters or memoranda of agreement or other documentation of these collaborations, please have them available for the site team.* [You must have documentation for Excellence certification.]

Agency	Purpose/Nature of Collaboration	Time Period

39. Please list your regularly scheduled days and hours. If you have a day or days with longer or shorter hours, list it on the second line. Count only the hours the center is open for center-sponsored activities, not those for events sponsored by other groups using the center's facilities.

Days of the Week	Hours
Example: Monday–Friday	9:00am to 4:30pm
Saturday	9:00am to noon

40. If your hours do not include any evenings after 5:30 p.m., weekend hours, or other special extended hours, does your center have current plans for experimenting with center-sponsored activities (excluding special trips) during special extended hours?

☐ N/A. We already have some special extended hours for center-sponsored activities (excluding special trips).

☐ No.

☐ Yes (Please describe below.)

41. If you answered “No” in Question 40, has your center ever considered evening and/or weekend hours for center-sponsored activities.

☐ N/A. We have hours or we have a plan described above.

☐ No

☐ Yes (Please describe below why you decided not to offer them.)

42. Please be prepared to show the site visitors indicators of your compliance with all local codes such as current fire inspection, elevator inspection, and sanitation (if food is served).

43. Please describe your plan for the upkeep of the center and grounds to assure safety and neat appearance.

44. Describe the features that make your center accessible to people with disabilities (e.g., ramps, parking, bathrooms, width of doorways and halls).

45. What is the size of the center? _____ square feet

46. How much of the center is used for programs and activities? (Auxiliary facilities such as bathrooms and storage that are used primarily by center participants count, while such facilities that are used only or primarily by staff do not. Kitchens and nutrition facilities may be included if they are also used for center activities.)

_____ square feet

47. Please describe the primary sign(s) identifying the center. Include the dimensions, location, position, lighting, and other relevant features. (You may submit a photograph in lieu of a description, if desired. However, the scale of the sign must be obvious from the photo.)

Example: There is a four by six foot sign on the lawn between the road and the center driveway sitting perpendicular to the center. It is lettered on both sides in 8-inch tall, black letters on a white signboard. The name of the center and center hours are also painted in 3-inch black letters on the glass of the main entrance.

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48. Please describe the number and location of signs along local roads giving directions to the center.

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49. Please describe any grant proposals you have submitted in the past year (3 years for recertification) in the table below. Note that HCCBG and State Funding should not be listed here. Create additional rows as needed.

Date	Purpose of Proposal	Potential Funder	Funded or Not?

50. Please describe your fundraising activities during the past three years other than grant writing (e.g., raffles, auctions). Include efforts to elicit in-kind contributions from businesses, organizations, and individuals. If necessary, please describe any constraints on fundraising and your efforts to work within them to improve funding.

51. Do you produce an annual financial report? ☐ Yes (please make it available to the site team) ☐ No

52. Does your report include (or stem from) an independent audit? ☐ Yes ☐ No

53. If you do produce an annual financial report, please describe how and to whom it is distributed. In particular, explain how you let the seniors in your center know it is available.

For Site Team's Use 5. Other Operational Issues	Meets	Does Not Meet
For Merit:		
<i>Question 38.</i> There should be ongoing collaboration or specific collaboration within the past 12 months with at least 3 other organizations. For each there must be an identified purpose/set of activities (e.g., planning together, staffing cases, or providing services), not just a vague statement about collaborating to improve the lives of older adults.		
<i>Question 39.</i> Center must be open at least 40 hours per week.		
<i>Question 42.</i> Under most circumstances centers must be able to show compliance with local codes (fire inspection, elevator inspection, and sanitation if food is served) . On a case-by-case basis, centers may be given a waiver if they have done everything possible to resolve a problem and there is no threat to the health and safety of older adults using the facilities.		
<i>Question 43.</i> There should be a plan for how to finance upkeep, how often specific upkeep activities (such as painting or gutter work) will occur, and how work will be done (e.g., collect bids, provided by county, done by volunteers).		
<i>Question 44.</i> This should describe an accessible center with parking, ramps, and all space designed or adapted to meet the needs of people with disabilities and the normal changes that may come with aging.		

	Meets	Does Not Meet
<i>Question 45.</i> The center must be at least 4,000 square feet, unless the Division of Aging has granted a waiver.		
<i>Question 46.</i> At least 3,200 feet must be available for center activities (i.e., not used as office space).		
<p><i>Questions 47–48.</i> The center should be clearly marked and have adequate directional signs to help people in the community find it. However, we need to be flexible, taking into consideration that communities have different codes, standards, and DOT cooperation in questions of signage. Documentation of a good faith effort to work within these is acceptable.</p> <p>Hours should be posted on the sign or at the entrance to the building, unless this conflicts with the rules governing the use of the building.</p>		
<i>Questions 49–50.</i> Centers of Merit must engage in at least 2 fundraising activities per year. Submitting a grant application counts toward this requirement even if it was not funded. If a center is part of county government and the county policy does not allow it to have fundraising projects per se, the center should show evidence of working to improve funding in permitted ways, such as petitions to the board and seeking in-kind contributions in the community.		
For Excellence		
<i>Question 38.</i> As for merit, there must be collaboration with 3 organizations. For excellence, there must be letters of agreement or other documentation of ongoing cooperation and collaboration with other agencies.		
<i>Questions 40–41.</i> The center should have either some regularly scheduled evening or weekend hours, or other extended hours such as early morning classes before regular opening hours. If they do not have such hours, they must have a written plan for experimenting with them or present <i>evidence</i> that older adults in the community have been given the opportunity to use extended hours and have not wanted them.		
<i>Question 47.</i> The sign outside of the senior center should be readable from the road.		
<i>Question 51.</i> The center should produce an annual financial report.		
<i>Question 52.</i> The financial report must show that an independent audit was done.		
<i>Question 53.</i> The financial report must be available to center consumers along with any other groups the center chooses. There should be some way that center participants are notified how they can see this report.		

Site Visit Activities for Other Operational Issues		Meets	Does Not Meet
For Merit			
1. Does the center appear well maintained?			
2. Check for compliance with state and local codes (fire, health, sanitation), as appropriate.			
3. Is access to the center consistent with the description in Question 44?			
4. Check that signs at the center and approaching the center are consistent with the description in Questions 47 and 48.			
5. Check for clearly marked drop-off points, adequate parking, wheelchair access from bus stop/shelter to center.			
6. Major walkways should be at least 6 feet wide. Outdoor walkways should be 5 feet in outdoor areas with heavy traffic and 3 feet (with frequent passing space) in other outdoor areas.			
7. Check for adequate lighting and nonslip surfaces			
For Excellence			
1. Examine letters of agreement or other documentation of collaboration (Q38).			
Section 5. Recommendations	Notes:		
<input type="checkbox"/> Passes at the Level of Excellence			
<input type="checkbox"/> Passes at the Level of Merit			
<input type="checkbox"/> Fails			

6. The Extra Mile (additional questions required for Centers of Excellence)

54. Describe any special research, projects, or innovations in aging or intergenerational services your center has undertaken in the past three years.

55. Describe any mentoring/technical assistance your center has provided to another center in the past three years.

56. Briefly describe the strongest reasons that you believe your center should be considered a Center of Excellence.

For the Site Team's Use 6. The Extra Mile			
This Section is for Excellence Only		Meets	Does Not Meet
<i>Questions 54 and 55.</i> There must be at least one appropriate activity/project described in one of these two questions.			
<i>Question 56.</i> The answer to this question should highlight the value of the senior center within the community.			
Site Visit Activities			
1. Observe or ask about project(s) described in Question 54 and/or 55.			
Section 6. Recommendations <input type="checkbox"/> Passes at the Level of Excellence <input type="checkbox"/> Fails	Notes:		